

1/27/5

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							SERIAL NO. 9	FILING DATE	
							APPLICANT(S)		

CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52	1					
3		1					53		1				
4		3					54		1				
5		3					55	1	1				
6		3					56		1				
7	1		1				57		1				
8		1		1			58		1				
9	1						59	1					
10		3	1				60		1				
11		3	1				61		1				
12	1		1				62	1					
13	1		1				63		1				
14	1		1				64		1				
15	1		1				65	1					
16	1		1				66		1				
17	1		1				67		1				
18	1		1				68	1					
19		1					69		1				
20		1					70		1				
21		1					71	1					
22		1					72		1				
23		1					73						
24		1					74		1				
25		1					75		1				
26		1					76		1				
27		1					77		1				
28		1					78						
29		1					79						
30		1					80						
31		1					81						
32		1					82						
33		1					83						
34		1					84						
35		1					85						
36		1					86						
37		1					87						
38		1					88						
39		1					89						
40		1					90						
41		1					91						
42		1					92						
43		1					93						
44		1					94						
45		1					95						
46		1					96						
47			1				97						
48			1	1			98						
49			1				99						
50				1			100						
TOTAL IND.	10		20				TOTAL IND.						
TOTAL DEP.	46		75				TOTAL DEP.						
TOTAL CLAIMS	56		95				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

FORM PTO-1280 (REV. 3-78)

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